NOTICE OF RULE ADOPTION—FINAL RU

STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID



Miss. Division of Medicaid c/o Bob M. Dent, Staff Officer Robert E. Lee Building 239 N. Lamar Street Suite 801 Jackson, MS 39201-1399 (601) 359-6120 http://www.dom.state.ms.us

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the rea SPA 2006-002. This State Plan Amendment is being	ison(s) for proposing the rule:
supplemental rebates as a cost containment measure.	This Amendment was approved by CMS with an
effective date of February 1, 2006	

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

☐An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

☐ This rule as adopted is without variance from the proposed rule.

☐ This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:

Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and

The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could

be the rule in question.

Effective Date of Rule: February 1, 2006

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Executive Director

Signature and Title of Person Submitting Rule for Filing